



# Carter County, Tennessee

## Employment Application

Please Return to:

Carter County Courthouse  
801 Elk Avenue, Suite 201  
Elizabethton, TN 37643

Social Security Number: \_\_\_\_\_

Carter County Job Titles for Which You are Applying:

	Ref#	Temp/Full
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Last Name: \_\_\_\_\_

MI: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Area Code: \_\_\_\_\_

Area Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business/Daytime Telephone: \_\_\_\_\_

**Criminal History:** Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? A felony is defined as an offense punishable by imprisonment for a term of one year or greater.

YES: \_\_\_\_\_

NO: \_\_\_\_\_

If yes, give details on a separate sheet for each felony offense. Include (1) Date, (2) Charge, (3) Place, (4) Court, and (5) Action Taken. You must disclose any felony conviction involving a sentence or suspended sentence. You may omit: (1) Any offense committed before your 18th birthday which was finally adjudicated in a juvenile court; (2) Any conviction which has been expunged under Federal or State law. A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness. Application for certain positions may require additional background investigation.

**Citizenship Status:** *Employment consideration for some jobs may be limited to U.S. Citizens. Please indicate your citizenship status below.*

**Are you a U.S. Citizen?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

*If no, please specify your current alien status:*

\*\*\*\*\*

**PLEASE READ:**

*Carter County is committed to the principles of equal opportunity, equal access, and affirmative action. Discrimination on the basis of age, race, sex, color, religion, national origin, disability, or any other non-merit factor is prohibited.*

\*\*\*\*\*

**EDUCATIONAL BACKGROUND**

You should provide all information requested in this section. You may omit the Educational Background section only if you have filed a full and complete application since March, 1999, and your education information has not changed since that time. This applies to all applicants including current State Employees.

PLEASE NOTE: You should complete "LICENSES" and "REFERENCES" with each new application you submit. Signature is required with each application.

**Primary/Secondary Education:** Please Indicate the highest level of primary or secondary education completed.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

Cert. Of Completion \_\_\_\_\_ GED Cert. \_\_\_\_\_ HS Diploma \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Post Secondary Education:**

Please list schools attended after high school. This includes any colleges, universities, or vocational schools attended. When indicating hours completed, you must convert semester hours to quarter hours. Just multiply semester hours by 1.5 to convert to quarter hours. Indicate clock hours for vocational school training.

**Name & City/State Location of School:**

	<b>Dates Attended:</b> FROM mo/yr _____ TO mo/yr _____ <b>Grad</b> <b>Yr.</b> _____ <b>Type of Degree:</b> _____ <b>Major:</b> _____
	<b>Dates Attended:</b> FROM mo/yr _____ TO mo/yr _____ <b>Grad</b> <b>Yr.</b> _____ <b>Type of Degree:</b> _____ <b>Major:</b> _____
	<b>Dates Attended:</b> FROM mo/yr _____ TO mo/yr _____ <b>Grad</b> <b>Yr.</b> _____ <b>Type of Degree:</b> _____ <b>Major:</b> _____
	<b>Dates Attended:</b> FROM mo/yr _____ TO mo/yr _____ <b>Grad</b> <b>Yr.</b> _____ <b>Type of Degree:</b> _____ <b>Major:</b> _____

To ensure that you receive the maximum score possible in an evaluation of your training and experience, it is strongly recommended that you submit a copy of college transcript with your application. Regardless of whether or not you are submitting a transcript, please indicate the number of quarter hours received in the subjects listed below. A transcript of all course work may be required at the time of employment. For education received from a non-United States college or university, please attach a copy of credential evaluation from an accredited United States school or other acceptable evaluation service.

Accounting: \_\_\_\_\_ Chemistry: \_\_\_\_\_ Biology: \_\_\_\_\_ Microbiology: \_\_\_\_\_ Business: \_\_\_\_\_  
 Political Science: \_\_\_\_\_ Comp. Science: \_\_\_\_\_ Math: \_\_\_\_\_ Statistics: \_\_\_\_\_ Engineering: \_\_\_\_\_  
 Env. Engineering: \_\_\_\_\_ Drafting: \_\_\_\_\_ Education: \_\_\_\_\_ Special Ed.: \_\_\_\_\_ Counseling: \_\_\_\_\_  
 Psychology: \_\_\_\_\_ Sociology: \_\_\_\_\_ Health: \_\_\_\_\_ Geology: \_\_\_\_\_ Library Science: \_\_\_\_\_  
 Agribusiness: \_\_\_\_\_ Agrig.: \_\_\_\_\_ Archaeology: \_\_\_\_\_ Child Studies: \_\_\_\_\_ Crim. Justice: \_\_\_\_\_  
 Human Anatomy: \_\_\_\_\_ Nutrition: \_\_\_\_\_ Industrial Art: \_\_\_\_\_ Law: \_\_\_\_\_ Marketing: \_\_\_\_\_  
 Mental Health: \_\_\_\_\_ CEU Credit: \_\_\_\_\_ Nursing: \_\_\_\_\_ Rec. Therapy: \_\_\_\_\_ Rehab. Studies: \_\_\_\_\_

**LICENSES:** Please list each license, certificate, or other authorization to practice a trade or profession.

Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit.

Type of Certification	Endorsement & Liscense Number	State	Issue & Exp. Dates	
			Is:	Ex:
			Is:	Ex:
			Is:	Ex:

**REFERENCES:** Please provide complete information for your references below. Please make sure your reference information is current with each new application you submit.

Name	Street Address/City	State	Telephone

**SIGNATURE:** *Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future examinations. I hereby authorize Carter County to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Signature is required. Unsigned applications will be returned to the applicant.\*\*\***

## EXPERIENCE BACKGROUND

**\*\*Important-PleaseRead\*\***

**Instructions:** You should provide your complete work history in the experience background section on the following pages unless you have submitted a full and complete application since March, 1999. This applies to all applicants, including current employees. In providing your complete work history information, you may use copies of pages from previous applications to construct one complete and up-to-date application. If you have submitted a full application since March, 1999, you may omit your prior work experience, except for the experience you have gained since the time of your last application. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in the same position. To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job in job block A. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held, along with all other requested information for each job. Incomplete information may lower your application rating. If you moved to a different position within the same organization and your major duties changed, you must list each position as a separate job. For military experience, it is important that you include the dates and pay grade for each position held. Unpaid, volunteer or part-time work experience may also be included with your work experience history. You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities in the format below to ensure accurate scoring of your application.

### Job A

Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Avg.# of Hr. Worked per Week: \_\_\_\_\_

Starting Annual Salary: \_\_\_\_\_ Last Annual Salary: \_\_\_\_\_ Empl. Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Avg. # of Employees You Supervised: \_\_\_\_\_ Your Immediate Supervisor: \_\_\_\_\_

Discribe your major duties/responsibilities. Do not exceed a total of 100%.

%Time

100%	

## **Job B**

Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Avg.# of Hr. Worked per Week: \_\_\_\_\_

Starting Annual Salary: \_\_\_\_\_ Last Annual Salary: \_\_\_\_\_ Empl. Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Avg. # of Employees You Supervised: \_\_\_\_\_ Your Immediate Supervisor: \_\_\_\_\_

Discribe your major duties/responsibilities. Do not exceed a total of 100%.

<b>%Time</b>	
<b>100%</b>	

## **Job C**

Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Avg.# of Hr. Worked per Week: \_\_\_\_\_

Starting Annual Salary: \_\_\_\_\_ Last Annual Salary: \_\_\_\_\_ Empl. Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Avg. # of Employees You Supervised: \_\_\_\_\_ Your Immediate Supervisor: \_\_\_\_\_

Discribe your major duties/responsibilities. Do not exceed a total of 100%.

<b>%Time</b>	
<b>100%</b>	

### **Job D**

Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Avg.# of Hr. Worked per Week: \_\_\_\_\_

Starting Annual Salary: \_\_\_\_\_ Last Annual Salary: \_\_\_\_\_ Empl. Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Avg. # of Employees You Supervised: \_\_\_\_\_ Your Immediate Supervisor: \_\_\_\_\_

Discribe your major duties/responsibilities. Do not exceed a total of 100%.

<i>%Time</i>	
<b>100%</b>	

### **Job E**

Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Avg.# of Hr. Worked per Week: \_\_\_\_\_

Starting Annual Salary: \_\_\_\_\_ Last Annual Salary: \_\_\_\_\_ Empl. Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Avg. # of Employees You Supervised: \_\_\_\_\_ Your Immediate Supervisor: \_\_\_\_\_

Discribe your major duties/responsibilities. Do not exceed a total of 100%.

<i>%Time</i>	
<b>100%</b>	